



REALTOR® Good Works Foundation

The REALTOR® Good Works Foundation is the philanthropic arm of the Williamson County Association of REALTORS® .

The following documents MUST be attached to this application:

- Official Transcript with Non-Weighted GPA*
- Letters of Recommendation*

2021 SCHOLARSHIP APPLICATION FORM

Interview

Date: _____

Time: _____

Legal Name: _____ Nickname (if any) _____

Street Address: _____ City: _____

State: _____ Zip: _____ Email : _____

Home Phone: _____ Cell Phone: _____

High School Attending: _____ Graduation Date: _____

College (s) to which you have been accepted:

1. _____

2. _____

If you have applied but not yet been accepted, list those colleges: _____

Career Choices: 1. _____ 2. _____

G.P.A. _____ S.A.T. Score: _____ A.C.T. Score: _____

Absences this year: _____

List all grants/scholarships applied for:

	Applied _____	Received _____
	Applied _____	Received _____
	Applied _____	Received _____
	Applied _____	Received _____
	Applied _____	Received _____

School honors, awards, offices held: _____

Outside Activities (sports, volunteer work, church, family): _____

Employment: _____ Approx. # hours worked in a week _____

RGWF SCHOLARSHIP APPLICATION FORM—PAGE 2
PLEASE COMPLETE ONLY IN SPACE PROVIDED.

Annual family income (adjusted gross income on 1040):

Under \$40K \$40K-\$80K \$80K-\$120K \$120K-\$160K \$160K-\$200K \$200,000+

Household Size—Circle One (all members of household including yourself):

1 2 3 4 5 6 7 8 or more

Mother's Name and Address: _____

Mother's Employer: _____

Father's Name and Address: _____

Father's Employer: _____

Brother/Sisters:	<u>Name</u>	<u>Age</u>	<u>School Attending</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Delivery by mail or email —no later than Wednesday, April 14, 2021
to: Williamson County Association of REALTORS®
Attn: Scholarship Committee
1646 Westgate Circle, Suite 104 Brentwood, TN 37027
Phone: 615-771-6845
Email: Sarah@wcartn.org
(Visit <http://wcartn.org> and click About/Contact Us for directions)

NOTE: The information provided on this application and during the application/reviewing processes is confidential, shared only with approved members of the WCAR Scholarship Committee unless otherwise approved by the applicant.

RGWF SCHOLARSHIP APPLICATION FORM—PAGE 3
PLEASE ANSWER EACH QUESTION ONLY IN SPACE PROVIDED.

1. Why are you applying for the RGWF Scholarship?

2. What significant obstacles or adversity have you overcome?

RGWF SCHOLARSHIP APPLICATION FORM—PAGE 4
PLEASE ANSWER EACH QUESTION ONLY IN SPACE PROVIDED.

3. Describe how you intend to apply the tools you master in college after graduation?

4. What do you intend to do to serve and enhance your community?

Date of Submitted Application _____

The undersigned student and parent (s) acknowledge that the Scholarship funds are to be user for degree-seeking program in a regionally accredited post-secondary institution. If Scholarship funds are not being user for a regionally accredited post-secondary, the undersigned student and parent (s) acknowledge that this Scholarship may be rescinded at any time.

Student Name

Student Signature

Parent Name

Parent Signature

Parent Name

Parent Signature